

Please type a plus sign (+) inside this box ||

+

PTO/SB/21 (6-99)

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

*Do not use for all correspondence after initial filing*

Application Number	09/904485
Filing Date	7/13/2001
First Named Inventor	Ashkenazi et al.
Group/Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	39780-1618 P2C007

Total Number of Pages in This Submission

5

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Version with Markings Showing Changes	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	stamped return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 REFERENCING ATTORNEY DOCKET No. 39780-1618 P2C007 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER.	

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	Ginger R. Dreger, Reg. No. 33,055, HELLER EHRMAN WHITE & McAULIFFE LLP		
Signature	<i>[Signature]</i>		
Date	2-20-03	Customer Number:	35489

## CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service First Class Mail service on the date indicated below and addressed to: Commissioner for Patents, Washington, D.C.

20231, on this date:

Typed or printed name	Rachel Mena		
Signature	<i>Rachel Mena</i>	Date	2-20-03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.